|   | PATENT A                                       | PPLICATIO<br>Effecti   | ₹D ,                                  | 09/766956                     |                             |                                       |        |                   |                        |           |                               |                  |                  |  |
|---|--|--|---------------------------------------|-------------------------------|-----------------------------|---------------------------------------|--------|-------------------|------------------------|-----------|-------------------------------|------------------|------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                      |  |  |                                       |                               |                             |                                       | SMAL   | SMALL ENTITY TYPE |                        |           | OTHER THAN<br>OR SMALL ENTITY |                  |                  |  |
| TOTAL CLAIMS  |  |  | 13                                    |                               |                             |                                       | RAT    | E                 | FEE                    | 1         | RATE                          | FE               | Ε                |  |
| FOR   |  |  | NUMBER FILED                          |                               | NUMBER EXTRA                |                                       | BASIC  | FEE               | 355.00                 | OR        | Basic Fee                     | 710.             | .00              |  |
| TOTAL CHARGEABLE CLAIMS   |  |  | \\ minus 20=                          |                               | · 0                         |                                       | X\$ 9- |                   |                        | OR        | X\$18=                        | T                | П                |  |
| INDEPENDENT CLAIMS  |  |  | 2 minus 3 =                           |                               | . 0                         |                                       | X40=   |                   |                        | OR        | X80=                          | 1                | H                |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI  | RESENT                                |                               |                             |                                       |        | -                 |                        |           |                               |                  | H                |  |
| • 14  | th difference                                  | in column 1 is   | loce than 70                          | m enter                       | "O" in column 2             |                                       | +13    |                   |                        | OR        | +270=                         | 11               |                  |  |
| ***   |  |  | less than zero, enter "0" in column 2 |                               |                             |                                       | TOT    | AL                | 322                    | OR        | TOTAL                         | 1/               |                  |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                       |  |  |                                       |                               |                             |                                       | SMA    | LL!               | ENTITY                 | OR        | OTHER<br>SMALL                | ENTI             | Υ                |  |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT   |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                | PRESENT<br>EXTRA                      | RAT    | E                 | ADDI-<br>TIONAL<br>FEE |           | RATE                          | AD<br>TIOI<br>FE | NAL              |  |
| MON   | Total  | · 7  | Minus                                 | •• <                          | 20                          | = /                                   | X\$ 5  | )=                |                        | OR        | X\$18=                        |                  |                  |  |
| AME   | Independent                                    | • 1  | Minus                                 | •••                           | <u> </u>                    | • (                                   | X40    | ī                 |                        | OR        | X80=                          |                  |                  |  |
| Ш   | FIRST PRESE                                    | NTATION OF M   | ULTIPLE DE                            | CLAIM                         |                             | +13                                   | 5=     |                   | OR                     | +270=     |                               |                  |                  |  |
|   |  |  |                                       |                               |                             |                                       |        | TAL               |                        | <b>AB</b> | TOTAL                         |                  |                  |  |
| 6   | 4/05   | (Column 1)   |                                       | (Colu                         | mn 2)                       | (Cotumn 3)                            | ADDIT. | FEE               |                        | ,         | ADDIT. FEE                    |                  |                  |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING  |                                       | HIGH                          | IEST<br>BER                 | PRESENT                               |        |                   | ADDI-                  |           |                               | AD               | DF               |  |
|   | ·  | AFTER<br>AMENDMENT   |                                       | PREV                          |                             | EXTRA                                 | RAT    | Æ                 | TIONAL<br>FEE          |           | RATE                          |                  | NAL<br>E         |  |
|   | Total  | . 7  | Minus                                 | - 6                           | 30_                         | - 0                                   | XS:    | 9=                |                        | OR        | X\$18=                        |                  |                  |  |
| A   | independent                                    | NTATION OF M   | Minus                                 |                               | 3                           | = 0                                   | X40    | ) <del></del>     |                        | ОЯ        | X80=                          |                  |                  |  |
| _   | FINST PRESE                                    | NIAHONOPIA   | OCTIFIE DE                            | CADEM                         | COM                         |                                       | +13    | 5=                |                        | OR        | +270=                         |                  |                  |  |
|   |  |  |                                       |                               |                             |                                       | ADDIT. | YAL<br>FEE        |                        | OR        | TOTAL<br>ADDIT, FEE           |                  |                  |  |
|   |  | (Column 1)   |                                       | (Colu                         |                             | (Column 3)                            |        |                   |                        |           |                               |                  |                  |  |
| ENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                       | NUM<br>PREVI                  | HEST<br>WER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                      | RAT    | E                 | ADDI-<br>TIONAL<br>FEE |           | RATE                          | TIO              | DI-<br>NAL<br>EE |  |
| AMENDMENT C   | Total  |  | Minus                                 | ••                            |                             | e .                                   | X\$    | }=                |                        | OR        | X\$18=                        |                  |                  |  |
|   | Independent                                    | •  | Minus                                 | ***                           |                             | .a                                    | X40    | )e                |                        | •         | X80=                          | -                |                  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                       |                               |                             |                                       |        |                   |                        | OR        |                               | -                |                  |  |
| If the entry in column 1 is less than the entry in column 2, write "O" in column 3. |  |  |                                       |                               |                             |                                       |        |                   |                        | OR        | +270=                         | <u> </u>         |                  |  |
| -   | If the Trighest Nu<br>If the Trighest Nu       | Imber Previously Pumber Pumbe | ald For IN TH<br>add For IN TH        | IS SPACE                      | is less tha<br>is less tha  | ın 20, enter "20.<br>ın 3, enter "3." | ADDIT. | FEE               | propriate bo           | OR        | ADDIT. FEE                    |                  |                  |  |

**Application or Docket Number**